

during examinations and during the delivery. In general, couples who enjoyed induced labour felt that they had received good emotional support from the hospital staff, while those who resented this interference with natural childbirth thought that they had received inadequate information and emotional support during labour; good emotional support and encouragement is often more effective than analgesic preparations in helping mothers to cope with uterine contractions. Women who had unpleasant experiences in labour went into more detail than those who enjoyed labour. Many women gained relief and spoke favourably of epidural analgesia but others described a feeling of helplessness and disappointment. Although the interference rate was very high in this group the report confirms that a high spontaneous delivery rate can be achieved when there is good control of the epidural block. Many women preferred to remain active during labour and felt immobilized by monitoring equipment. In general, most women were of the opinion that they were unable to enjoy childbirth because of drowsiness or a feeling of exhaustion induced by the sedatives given in labour. A high proportion of these infants were admitted to intensive care units and mothers were unable to hold their babies immediately after birth.

The study was not designed to provide a statistical analysis of data from a random sample of women in the United Kingdom. The data have not been correlated with hospital data and hence the indications for induction of labour are not clearly stated. It is therefore not possible to comment on the high incidence of instrumental deliveries, the use of heavy sedation in labour, or the condition of infants at birth.

The study focuses on the personal experiences of mothers in labour. It shows that many women are given little opportunity for discussion and in many cases there was a failure of communication between women and doctors. The women who had serious obstetric problems, that is, high-risk patients, almost invariably felt they had good support during labour; in contrast, healthy women, that is, low-risk patients, felt that induction of labour and continuous fetal monitoring were

an unnecessary interference with natural childbirth. The selection of patients for induction of labour and fetal monitoring should be on the basis of their perinatal risk rather than the availability of monitoring equipment. The report recommends that obstetricians should have more feedback from women after childbirth and emphasizes the need for further research into methods of preparation for childbirth and for the evaluation of these methods.

I J T PARBOOSINGH

Health is for People

Michael Wilson (£1.95). Darton, Longman & Todd Limited, London.

Although he was not explicit about all the different ways of surviving – the many, too many ‘little healths’ – Nietzsche insisted that that there was only one way in which men could become masters of the earth and so achieve ‘the great health’. Similarly, in this book, Michael Wilson does not ignore situational factors, but he is mainly concerned to establish that, at the deepest level, there is a fixed axis round which health care decisions ought to turn. How does he identify this *point d'appui*? Well, what would be the ‘will to power’ in Nietzsche or Adler and the ‘will to meaning’ in Frankl becomes, in Dr Wilson’s canon, ‘will to wholeness’, ‘will to health’ and ‘will to quality of life’. Because it emphasizes values and drives yet another nail into the coffin of the purely utilitarian and reactive, disease-centred model of health care, and because it explores areas of concern like suffering and death (which are taboo in more conventional studies), this is a significant little book, although it is unpretentious to a fault.

In spite of his proactive stance, Michael Wilson rejects the idealistic ‘positive health’ approach. The eradication of suffering is merely a continuation of scientific medicine by other means, and the Shavian-type goal of a ‘sanitized society’ is not only an absurdity, it is also a denial of life. At the opposite pole from rationalistic concepts of ‘eradication’ are those Buddhist philosophies of resignation to suffering and death, which are the *leitmotiv* of a book like *Medical Nemesis*. However, where Illich is both brilliant

and destructive, eloquently distorting into half-truths the powerful *aperçus* on which his writings are based, Dr Wilson quietly develops the same essential insights into a balanced critique of high technology medicine and its associated ‘inverse law of health care’.

On the ingenious analogy of the contrast which Herzberg has drawn in the field of job enrichment between ‘hygiene’ and ‘motivating’ factors, the author of this book distinguishes our Adam from our Abraham natures, and hygiene, which results in wellness and ensures survival, from health, which meets man’s ‘eagle’ (as distinct from his ‘chicken’) needs. Men compete with each other for hygiene, but they achieve health, in the sense of healthfulness, only when they co-operate to create a new quality of existence.

Notwithstanding the radicalism of this approach, scientific medicine is not given the *coup de grace* in *Health is for People*. Rather it is regarded as having a predominantly supportive role in the context of a comprehensive, community-based system of health services. So far, so good. It is high time that values were accorded pride of place in making decisions about health care. Instead of taking anything for granted, however, let us be very clear indeed about the precise nature of the values that are involved. What is meant by ‘wholeness’ and ‘health’ or, for that matter, by ‘community’ and ‘quality of life’? In *Where the wasteland ends* Roszak points out that there are opposite ways of ‘knowing Oneness’, and Edward Shils has shown that the integration of society as between centre and periphery can be achieved – like the integration of the individual – in ways that may vary so widely as to be mutually antipathetic. In short, there are opposite kinds of wholeness, mutually antagonistic ‘great healths’ and totally contrasting nodes of social integration.

Michael Wilson is strictly neutral on these issues, but there’s a whiff of Illichian neo-romanticism in his sometimes too willing acceptance of death and suffering. The distinction he makes between ‘natural’ and ‘true spiritual’ death is central to the romantic tradition, for once they had overcome its worst terrors (and thereby exposed themselves to the problems of *society*), men idealized

nature and conveniently forgot its destructive potential. But death is still 'the last enemy' and, if we accept Simone de Beauvoir's account, it is never so unnatural as when it is most 'natural'. So we cannot remain neutral: we have to choose between Apollo and Dionysus, between Schopenhauer and Nietzsche and between Heidegger and Sartre.

Dr Wilson rightly claims that health is a 'value' word, and possibly, indeed, *the* value word, since 'wholeness' is nothing but our way of saying 'holiness'. All the same we cannot settle for the quietist values and the 'ecological integration' of earlier societies, however much these societies may still have to teach us. Mindful of Buber's advice, we must create new values in the living-learning arena of postindustrialism and we must do this by broadening and sublimating the technocracy, not merely by conducting nostalgic polemics against it.

Our religious and aesthetic selves are eternally intertwined but perhaps it is the contemporary aesthetic, rather than the traditional religious, sensibility, which is the 'idea whose time has come'. In his next book Michael Wilson's chief concern should be to carry his flag into this difficult and as yet almost unexplored terrain.

T D HUNTER

The Houseman's Tale

Colin Douglas (£3.50)
Canongate Press, Edinburgh 1975

Are there serious reasons why this amusing who-dunnit on the serum hepatitis theme should be reviewed in the *Journal of medical ethics*? That is, apart from the timely reminder it gives of the compromising positions in which junior hospital doctors find themselves in their long-suffering service to the public? Apart from the obvious entertainment value of this bleak comedy of the doctor in residence, more hilarious than any ordinary medical carry on, more religious in its atheistic irony than any dear and glorious physician could be? Apart from its obvious literary value and clinically precise observations of medical and human nature?

As a contribution to medical ethics, this is not a cautionary tale,

though it does question the question whether the wages of sin is death. Rather, it stands in relation to serious textbooks on medical ethics as a sort of obverted contrapositive – it brings out the seriousness of the 'serious' issues by the flippant way in which they are dismissed, and by the dead-pan earnestness of the houseman faced with his trivial 'ethical dilemmas':

'Campbell had almost decided to sacrifice the general good accruing to all if the houseman, that key functionary on the ward, were to be refreshed by half an hour's extra sleep, in favour of the comfort and convenience of the individual patient who would thus get his breakfast at the usual time, when he recalled that kippers were, on the whole, an unpopular dish.'

More seriously, it covers the whole gamut of glamour-and-crisis medicine to the tedious and meretricious in medical research: we have a Scottish poet with a leaking aortic aneurysm and a beautiful niece, a cardiac arrest for lack of a smoke, appendectomy instead of pregnancy as the fruit of a nurse's relations with a houseman, the evangelist incapacitated by his own frustrated desire, and the none too funny cases of medical neglect or incompetence. Underlying it all the urgent rhythm of the fetoprotein studies provide a sort of *canto fermo* in the bass. This is the very stuff of medical novels and the Hippocratic humour which recognizes that there is nothing new under the sun, that the condition of medicine, like that of terminal patients, may be serious, but not solemn.

The moral of the story is that the medicalization of life begins in hospital, and begins with the medicalization of doctors and nurses. It presents the hospital as the total institution in which trainee doctors and nurses, like university students, enjoy a kind of liberty within the institution, a freedom to experiment with human relations which the moratorium of a society-within-a-society alone provides. An interesting question provoked by this book is whether, like religious communities in the past, the hospital has not become a prescriptive metaphor for modern society, whether its internal values have not come to exercise a decisive influence on the whole life

of society – not only in areas such as sexual ethics where medical science and medical practice have made a revolution possible, but also in other morally and politically sensitive areas where choices have to be made in allocating scarce resources and in deciding whose lives are worth preserving.

This is a profoundly iconoclastic and subversive novel in that it undermines the sacred image of the profession and demystifies and demythologizes medicine. Its novelty consists in the clinical accuracy of its description and diagnosis of the disorders, and the surgical efficiency of its caustic humour. As a satirical phenomenology of professionalism it exhibits an instinctive prescription through accurate description – a presuppositionless characterization of the essence of the problem that changes the problem.

IAN E THOMPSON